



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Toru AOKI

Group Art Unit: 2673

Application No.: 09/994,674

Examiner: L. Shapiro

Filed: November 28, 2001

Docket No.: 111079

For: LIQUID CRYSTAL DISPLAY, IMAGE DATA COMPENSATION CIRCUIT,
IMAGE DATA COMPENSATION METHOD, AND ELECTRONIC APPARATUS

AMENDMENT FILED WITH REQUEST FOR CONTINUED EXAMINATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Further to the Notice of Allowance mailed November 4, 2004, please consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

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CUSTOMER NUMBER 25944

PATENT APPLICATION

Attorney Docket No.: 111079

AMENDMENT TRANSMITTAL

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COMPENSATION METHOD, AND ELECTRONIC APPARATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.
 Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL CLAIMS	*25 MINUS	**20	=5
INDEP CLAIMS	*9 MINUS	***6	=3
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY	
RATE	ADD'L FEE
x 25	\$
x 100	\$
+ 180	\$
	\$

OTHER THAN A SMALL ENTITY	
RATE	ADD'L FEE
x 50	\$ 250.00
x 200	\$ 600.00
+ 360	\$
	\$ 850.00

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.
 Check No. 163162 in the amount of \$850.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
Registration No. 27,075

Kevin M. McKinley
Registration No. 43,794